## Form **8871** (Rev. July 2003)

## Political Organization Notice of Section 527 Status

OMB No. 1545-1693

Department of the Treasury Internal Revenue Service

| Part I General Information                       |  |
|--|--|
| 1 Name of organization                           | Employer identification number   |
| RWARD MISSISSIPPI PAC 45 - 3261946               |  |
| 2 Mailing address (P.O. box or number, street    | t, and room or suite number)   |
| P O BOX 1159                                     |  |
| City or town, state, and ZIP code                |  |
| CLINTON, MS 39060 - 1159                         |  |
| 3 Check applicable box:   ✓ Initial not          | tice Amended notice Final notice   |
| 4a Date established                              | 4b Date of material change   |
| 09/15/2011                                       | 07/26/2013   |
| 5 E-mail address of organization                 |  |
| TONY.GREER@MID.STATE.MS.US                       |  |
| 6a Name of custodian of records                  | 6b Custodian's address   |
| TONY GREER                                       | 310 MONTEREY DRIVE   |
|  | CLINTON, MS 39056 -  |
| 7a Name of contact person                        | 7b Contact person's address  |
| TONY GREER                                       | 310 MONTEREY DRIVE   |
|  | CLINTON, MS 39056 -  |
| 8 Business address of organization (if different | ent from mailing address shown above). Number, street, and room or suite number              |
| P O BOX 1159                                     |  |
| City or town, state, and ZIP code                |  |
| CLINTON, MS 39060 - 1159                         |  |
| 9a Election authority                            | 9b Election authority identification number  |
| NONE   |  |
| Part II Notification of Claim of                 | Exemption From Filing Certain Forms (see instructions)                                       |
|  | from filing Form 8872, Political Organization Report of Contributions and Expenditures, as a |
| qualified state or local political organization? | Yes <u>✓</u> No _  |
|  |  |

11 Is this organization claiming exemption from filing Form 990 (or 990-EZ), Return of Organization Exempt from Income Tax, as a caucus or associations of state or local officials? Yes \_ No ✓

10b If 'Yes,' list the state where the organization files reports: MS

## Part III Purpose

12 Describe the purpose of the organization

TO PROMOTE ELECTION OF CONSERVATIVE LEADERSHIP ACROSS THE STATE OF MISSISSIPPI.

|                       |  | <u>V</u>  |
|-----------------------|--|---|
| 14a Name of related e | ntity 14b Relationship                           | 14c Address   |
| Part V List of        | All Officers Directors and Highl                 | y Compensated Employees (see instructions)  |
| 15a Name              | 15b Title  | 15c Address   |
| RUSS LATINO           | DIRECTOR   | P O BOX 131   |
|                       |  | JACKSON, MS 39205 -   |
| TONY GREER            | TREASURER  | 310 MONTEREY DRIVE  |
|                       |  | CLINTON, MS 39056 -   |
|                       |  |   |
| Internal Re           | venue Code, and that I have examined this notice | amed in Part I is to be treated as a tax-exempt organization described in section 527 of the ce, including accompanying schedules and statements, and to the best of my knowledge that I am the official authorized to sign this report, and I am signing by entering my name |
|                       | GREER  | 07/26/2013  |
| TONY                  |  |   |